

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	2					
4	1					
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	22					
17	2					
18	1					
19	1					
20	1					
21	2					
22	2					
23	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	29					

23  
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27  
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TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
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